

<p style="text-align: center;"><b>Request for Continued Examination (RCE) Transmittal</b></p> <p>Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p>	Application Number	09/523,809-Conf. #6553
	Filing Date	March 13, 2000
	First Named Inventor	Michael Murphy
	Art Unit	1633
	Examiner Name	S. Kaushal
	Attorney Docket Number	OGA-01002

**This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.**

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1.	<b>Submission required under 37 CFR 1.114</b>	Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).					
<p>a. <input checked="" type="checkbox"/> Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.</p> <p>i. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____</p> <p>ii. <input checked="" type="checkbox"/> Other <u>Amendment and Response filed June 6, 2008</u></p>							
<p>b. <input checked="" type="checkbox"/> Enclosed</p> <table> <tr> <td>i. <input checked="" type="checkbox"/> Amendment/Reply</td> <td>iii. <input type="checkbox"/> Information Disclosure Statement (IDS)</td> </tr> <tr> <td>ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)</td> <td>iv. <input type="checkbox"/> Other _____</td> </tr> </table>				i. <input checked="" type="checkbox"/> Amendment/Reply	iii. <input type="checkbox"/> Information Disclosure Statement (IDS)	ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)	iv. <input type="checkbox"/> Other _____
i. <input checked="" type="checkbox"/> Amendment/Reply	iii. <input type="checkbox"/> Information Disclosure Statement (IDS)						
ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)	iv. <input type="checkbox"/> Other _____						
2.	<b>Miscellaneous</b>						
<p>a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)</p> <p>b. <input type="checkbox"/> Other _____</p>							
3.	<b>Fees</b>						
<p>a. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. <u>06-1448</u>.</p> <p>i. <input checked="" type="checkbox"/> RCE fee required under 37 CFR 1.17(e)</p> <p>ii. <input checked="" type="checkbox"/> Extension of time fee (37 CFR 1.136 and 1.17) (three months less one month extension paid 06 June 2008).</p> <p>iii. <input type="checkbox"/> Other _____</p>							
<p>b. <input type="checkbox"/> Check in the amount of \$ _____ enclosed</p> <p>c. <input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed)</p>							

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED</b>			
Signature	/Beth E. Arnold/		Date
Name (Print/Type)	Beth E. Arnold		Registration No.
			35,430